



Power of Attorney – Individuals

Portfolio Number

Customer Name

I/we (the Account holder(s)) hereby grant power of attorney on this account to the following person(s):

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Date of birth	<input type="text"/>
City of birth	<input type="text"/>	Country of birth	<input type="text"/>
Civil status	<input type="text"/>	Nationality	<input type="text"/>
Second nationality (in case of dual citizenship)	<input type="text"/>		
Permanent address (<i>not an office or P.O. box</i>)	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>		
If country of tax residence is different from permanent address, please specify. <input type="text"/>			
Tax ID number	<input type="text"/>		
Phone	<input type="text"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		
Profession/Job title (if retired please indicate former profession)	<input type="text"/>		

Additional personal information:

Do you qualify as a "US person"? (*please check at least one box*)

- ☐ No, I don't qualify as "US person"
- ☐ US citizen ☐ US resident ☐ US birthplace
- ☐ US person, due to dual citizenship
- ☐ US tax payer for any other reason (e.g. substantial presence test) - green card holder.

US Tin ID number or Social Security Number

Politically exposed person (PEP)

Do you have, or have you had, a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

- DNB Luxembourg S.A.

Postal address: P.O. Box 867 - L-2018 Luxembourg
Visiting address: 13 rue Goethe, L-1637 Luxembourg

Telephone: +352 45 49 45 1
Telefax: +352 45 49 45 200

Swift address:
UBNLLULLXXX

www.dnb.no/lu

Insider information

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or are you subject to any investment restrictions?

☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

Additional Attorney (if more attorneys, fill additional form)

Title

First name

Last name

Date of birth

City of birth

Country of birth

Civil status

Nationality

Second nationality (in case of dual citizenship)

Permanent address (not an office or P.O. box)

Postal code

City

Country

If country of tax residence is different from permanent address, please specify.

Tax ID number

Phone

Mobile phone

Work phone

Fax

E-mail

Profession/Job title (if retired please indicate former profession)

Additional personal information:

Do you qualify as a "US person"? (please check at least one box)

☐ No, I don't qualify as "US person"

☐ US citizen

☐ US resident

☐ US birthplace

☐ US person, due to dual citizenship

☐ US tax payer for any other reason (e.g. substantial presence test) - green card holder.

US Tin ID number or Social Security Number

Politically exposed person (PEP)

Do you have, or have you had, a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Insider information

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or are you subject to any investment restrictions?

- ☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

(please check one box to indicate your choice)

- ☐ Each attorney may instruct/sign alone.
- ☐ All attorneys must instruct/sign jointly.
- ☐ Other instruction/signing rules: (Please specify in a separate document (e.g. an authorised signature list or other relevant document such as a board resolution))

(please check one box only)

- ☐ Full Power of Attorney
The Attorney(s) shall have full powers, including all the rights to manage and dispose of the assets on the account. This specifically includes the authorisation to: dispose of, withdraw and instruct outgoing transfers of all balances in cash and securities, to contract loans and enter into any other type of liability, and in general the right to carryout all operations in the name and for the account of the Account Holder(s).
- ☐ Managerial Power of Attorney
The power of the attorney(s) is limited to the management of assets (cash, securities etc) on the account, including namely all the rights to acquire and sell securities and other financial instruments in the name and for the account of the Account holder(s).
- ☐ Correspondence Power of Attorney
The power of the attorney(s) is authorised to receive on my/our behalf, account statements and confirmations as well as all other related documents and to examine and acknowledge them.

(please check the box as applicable; not possible for corporate accounts)

If not crossed, the power of attorney shall cease to have effects one week after the Bank has been informed of the death of the Account holder.

- ☐ This power of attorney shall not be terminated by my/our death but shall remain effective thereafter. The Attorney(s) acknowledges having been informed of the obligations put on him/her by the article 1939 of the Civil Code, as amended by the law dated July 1st, 1998 in the event of death of the Account holder(s), whereby the Attorney(s) is/are then obliged to:
- confirm in writing to the Bank that the heirs of the Account holder(s) have been notified of the existence of this power of attorney
 - specify, under his/her/their sole responsibility, the identity of the heirs to the Bank.

This power of attorney shall be valid and binding until the Bank has received by registered mail a revocation thereof from the Account Holder(s).

The Account Holder(s) and the Attorney(s) confirm(s) having taken due note of the Bank's "General Terms & Conditions of Business", especially its clause number 11.

Attorney(s) confirm(s) being aware of Account Holder's Investor profile, as specified in section 4 of account opening application, and takes responsibility to act in strict accordance with it.

Date

Place

1st Account Holder

Name *(please print)*

Signature

2nd Account Holder

Name *(please print)*

Signature

1st Attorney

Name *(please print)*

Signature

2nd Attorney

Name *(please print)*

Signature

Please return the relevant documents with this form:

- Certified copy of ID card/passport for all Attorneys.
- In addition for Companies: an official company document authorising the Representative(s) to appoint the Attorney(s)